

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

Southern District of TEXASGalveston DivisionUnited States Courts  
Southern District of Texas  
FILED

NOV 28 2018

David J. Bradley, Clerk of Court

JOE P. SANCHEZ

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

U.T.M.B., Terrell Unit  
Medical Department

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

JOE P. SANCHEZ

All other names by which  
you have been known:

JOSE P. SANCHEZ, JOE SANCHEZ

ID Number

02191910

Current Institution

TERRELL UNIT

Address

1300 FM 655 Rd.

ROSHARON

TX

77583

City

State

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name

U. T. M. B. (medical dept.)

Job or Title (*if known*)

AS A whole

Shield Number

TERRELL UNIT

Employer

Address

1300 FM 655 Rd.

ROSHARON

TX

77583

City

State

Zip Code

☐ Individual capacity☒ Official capacity**Defendant No. 2**

Name

Job or Title (*if known*)

Shield Number

Employer

Address

N/A

City

State

Zip Code

☐ Individual capacity☐ Official capacity

## Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

## Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code

☐

Individual capacity

☐

Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th Amendment Violation / Cruel & Unusual Punishment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Misuse of power made possible because the wrongdoers are clothed with the Authority of the State of Texas and misuse of State property namely said inmate Joe P. Sanchez

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Terrell Unit on 8-1-18 At 8:35pm (Step 1)  
Terrell Unit on 8-15-18 At 1:02 AM (Step 1)

Terrell Unit on 10-2-18 At 8:15pm (Step 2)

Terrell Unit on 9-23-18 At 9:06pm (Step 2)

C. What date and approximate time did the events giving rise to your claim(s) occur?

SEE SECTION B for dates/times

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

- 1) NO medical CARE GIVEN (CHRONIC CARE)
  - 2) All the NURSES observed my right toe infected
  - 3) NURSES refused to give ANY kind of first Aid
  - 4) "If we like you, you CAN see the doctor"
- A NURSE SAID to ME.

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

- 1) pain AND suffering
- 2) medical Abuse
- 3) MENTAL Abuse
- 4) psychological Abuse
- 5) NO medical treatment given at the time of A medical EMERGENCY

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WANT to sue the Terrell Unit medical department, which is run under U.T.M.B. for \$1.5 million dollars in damages of lack of medical care with malice intent resulting in a disfigurement and unbalance of walking normal

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

TERRELL UNIT, 1300 FM 655 Rd.  
ROSHARON, TX 77583

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)? OF NO MEDICAL TREATMENT AND CREAL PUNISHMENT OF A NURSE SAYING "IF WE like you, you CAN SEE the doctor", end quote.

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance? (s)

At the Terrell Unit  
1300 FM 655 Rd.  
Rosharon, TX 77583

2. What did you claim in your grievance? (s)

1) Medical Neglect with malice intent  
2) criminal malpractice with severe neglect  
3) 8th Amendment violation (cruel and unusual punishment)  
4) falsifying vital medical records / inmate death

3. What was the result, if any?

The first Step 1 and 2 - No Action  
The second Step 1 and 2 - No Action

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Step 2's

Yes, grievance process complete

A letter to Warden Comstock - No response / appeal

## F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

## G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

1) Letter to Sheriff, Charles WYNER - NO RESPONSE  
 2) Letter to Criminal D.A., JERI YENNE - NO RESPONSE  
 3) Letter to malpractice lawyer - NO RESPONSE  
 All from Brazoria County

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

## VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A



- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

N/A

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

No

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☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

A

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11-26-18

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

*Joe P. Sanchez*

Joe P. Sanchez

# 2191910

Terrell Unit, 1300 FM 655 Rd.

Rosharon

City

Tx

State

77583

Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address



## Texas Department of Criminal Justice

OFFICE USE ONLY

## STEP 1 OFFENDER GRIEVANCE FORM

B1-12

Offender Name: Joe P. Sanchez TDCJ # 2191910  
 Unit: Terrell Housing Assignment: B1501  
 Unit where incident occurred: Terrell Unit

Grievance #: 2018174772  
 Date Received: 08-02-2018  
 Date Due: 09-14-2018  
 Grievance Code: 608  
 Investigator ID #: TI980  
 Extension Date: 10/31  
 Date Retd to Offender: SEP 25 2018

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Officer Myer When? 8-1-18/8:35pm  
 What was their response? Write a Step 1 grievance form  
 What action was taken? Step 1 given to Offender Sanchez

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I'm tired of U.T.M.B., this is supposed to be a medical unit; every time I ask for help I get turned away for ANY kind of medical treatment, these people will not even give me a band-aid, I have lost faith in there health care services, so, I am charging the Terrell Unit, U.T.M.B., with the following charges which will be filed as a Step 3 (1983 Federal Writ): I AM SUING for the following charges:

- a. Medical Neglect with malice intent
- B. Life endangerment w/ lack or no medical care
- C. Acts unbecoming A RN w/ reckless intent
- D. Not honoring or following the medical oath
- E. Severe endangerment to ALL inmates w/ medical issues and or chronic care
- F. 8th Amendment violation of cruel and unusual punishment
- G. Blatant disregard for follow-up treatment
- H. Complete disarray of quality of medical care
- I. Falsifying vital medical records on the death of inmates, which is a criminal offense
- J. Falsifying and lying to U.T.M.B. upper management

Case 3:18-cv-00403 Document 1 Filed 11/26/18 Page 13 of 20

K. Willing AND knowing Needed medical care with complete disregard of patient cares AND CONCERNS.

L. With malice complete disregard when told in-person about a medical emergency.

M. Abuse to the elderly in the form of gross neglect AND cruelty.

N. Laziness AND Not doing A proper job AS A RN Nurse.

O. MEDICAL MALPRACTICE with gross cruelty

Action Requested to resolve your Complaint.

Resolved on A Step 3

(1983 FEDERAL WRIT)

Offender Signature:

Joe P. Sands #2191910

Date:

8-1-18

Grievance Response:

I have investigated this request. You were seen in medical on 07-06-18 and no showed on 07-31-18. Also you have refused several of your hospital Galveston appointments. If you have any further medical requests, please submit a sick call request. Thank you

Signature Authority:

Austin Matthews, Sr PM

Date:

9-18-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

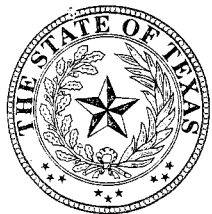
**3<sup>rd</sup> Submission** UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: 3 Joe P. Sanchez TDCJ# 2191910  
 Unit: Terrell Housing Assignment: B1-12 ✓  
 Unit where incident occurred: Terrell Unit

## OFFICE USE ONLY

Grievance #: 2018174772  
 OCT 04 2018  
 UGI Recd Date: \_\_\_\_\_  
 HQ Recd Date: OCT 12 2018  
 Date Due: 11/18/18  
 Grievance Code: 608  
 Investigator ID#: I0352  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

the reason, I did not attend my medical appts. and my medical appts. in Galveston is because, I have lost faith in Terrell Units medical staff and their second rate medical care. These people would be better off caring for animals instead of human beings, because its clear to me that they dont care what happens to inmates, until they have no choice but to call EMS to take to the hospital, there have been times, I see outside my window 3-4 EMS trucks parked in front of the Terrell Unit, now whats really going on? My toe still looks the same, I do get 7pm treatment lay-ins, but the officers on duty, tell me, its almost count-time, to wait until after count, so, I wait, and by the time count clears, its too late to go, and treatment has stopped for the night. I feel being here that my life is in danger for not getting the proper medical attn. that I deserve, because, I AM PROPERTY OF THE STATE AND NOT BEING WELL TAKEN CARE OF AT ALL. Its ok, I will have my daughter on the outside



take care of this matter, because again, it's clear to me, this will not be resolved, so, I will have no other choice, but to fill out a Step 3, which is a 1983 Federal WHA, I will see you in Court soon

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Grievance Response:**

A review of the Step 1 medical grievance has been completed regarding your report you are being denied proper medical care.

According to the documentation, the appellate review of the medical grievance supports the response provided at the Step 1 level. The review of the health records indicated you have been triaged for each of the Sick Call Request (SCR) submitted to the medical department. There are several refusal of treatments in your medical records also, you are encouraged to work with the medical provider and staff to ensure the best outcome for your healthcare needs.

While you do maintain the right to refuse any services offered, you do not have the liberty to dictate what medications, treatments, or appointments will be prescribed. Should you feel your medical concerns require further evaluation, you may submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: \_\_\_\_\_

Date: \_\_\_\_\_

Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted.\*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

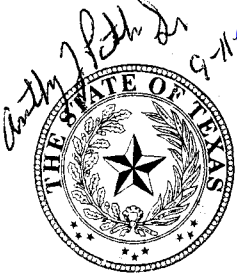
Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2018182914

Date Received: AUG 17 2018

Date Due: 8-10-1-18

Grievance Code: 600

Investigator ID #: 1986

Extension Date:

Date Retd to Offend: SEP 12 2018

Offender Name: Joe P. Sanchez TDCJ # 2191910

Unit: Terrell Housing Assignment: B1-12

Unit where incident occurred: Terrell Unit

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Officer Myers When? 8-15-18

What was their response? Oh... I SEE

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate.

ON 8-15-18 AT 1:02 AM, I ASKED OFFICER MYERS, IF MEDICAL CAN SEE ABOUT MY INJURED RIGHT FOOT WHICH HAS BLOWN UP LIKE A BALLOON, SO, WENT TO MEDICAL, I WAS GREETED WITH "WHAT DO YOU WANT?" I SHOWED EVERYONE IN MEDICAL, AND A BLACK NURSE MADE A COMMENT LIKE "IF WE LIKE YOU, YOU MIGHT BE ABLE TO SEE THE PROVIDER" AND ASKED ME TO LEAVE AND PUT A SICK-CALL. THIS SUPPORTS MY OTHER STEP ONE, I WROTE A WEEK AGO, THEN GROSS-MALICE HEALTH CARE, I FEEL MY LIFE IN DANGER DUE TO SEVERE LACK OF MEDICAL ATTENTION AND CARE. THEREFORE, I WILL CONTACT THE SHERIFF OF ROSHARON, COUNTY AND THE D.A.'S AND FILE FORMAL CHARGES OF MALPRITICE AND NEGLECT. IN FACT ALL LIFE ON THIS UNIT IS IN DANGER OF DEATH AND NEGLECT, WHICH HAS HAPPENED MANY MANY TIMES OVER.



Action Requested to resolve your Complaint.

To have the medical staff  
 arrested for criminal malpractice/neglect

Offender Signature: Joe P. [Signature]

Date: 8-16-18

Grievance Response:

I have investigated this request. A sick call request must be submitted to be seen in medical unless it's urgent or emergent condition upon walking into medical; the medical staff determines what conditions are constituted "urgent or emergent". If you're still having these problems please submit a sick call request. Thank you.

Signature Authority: Austee Matthews, Sr PM

Date: 9-6-18

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
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- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_

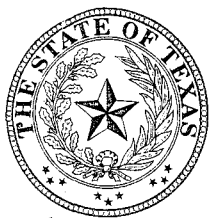
Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

OCT 16 2018



## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: Joe P. Sanchez TDCJ# 2191910  
 Unit: Terrell Housing Assignment: B1-12  
 Unit where incident occurred: Terrell

## OFFICE USE ONLY

Grievance #: 2018182916  
 UGI Recd Date: SEP 24 2018  
 HQ Recd Date: SEP 26 2018  
 Date Due: 11/8/18  
 Grievance Code: 600  
 Investigator ID#: I0352  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

the response to my Step 1 is a joke, and supports my accusation of medical misconduct and it is very clear that everybody covers everybody else. In light of this, I have contacted Sheriff Wagner and the D.A. of this county, also my daughter has been in contact with them as well, she told me, they will launch a formal investigation into my medical care at this unit.

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

9-23-18

**Grievance Response:**

A review of your Step 1 medical grievance was completed regarding your report of the Terrell Unit medical staff's lack of medical attention and care towards you on 08/15/2018. Action requested is to have the medical staff arrested for criminal malpractice and neglect.

An appellate review of the medical grievance, electronic health records (EHR), and clinical records indicate you were given appropriate information in the Step 1 medical grievance response. You have been seen and treated by the Terrell Unit medical staff for right toe infection, and you were referred to wound care on 09/24/2018. The nursing staff has performed dressing changes and wound care, and your EHR revealed your last dressing change/wound care was completed on 09/27/2018. You currently have active medical passes for shower shoes and walker/rollator to help you with your medical conditions. There is no evidence to support lack of medical attention and care from the Terrell Unit medical staff as you report.

Be advised disciplinary actions against staff will not be disclosed through the grievance process. Allegations of misconduct or reprisal by staff will be investigated and, even if substantiated, is privileged information and will not be revealed to offenders. You have continued to be seen in accordance with Correctional Managed Health Care (CMHC) Policy E-37.1. You are advised to submit a Sick Call Request (SCR) to the medical department if you feel your situation has changed to warrant further evaluation. No further action is warranted at this time through the grievance process.

**STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: \_\_\_\_\_

Date: \_\_\_\_\_

9/28/18

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY****Initial Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission**

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Joe P. Sanchez  
# 2191910 (B1-12)

Tennell Unit

1300 FM 655 Rd.

Posharon, TX 77583

Screened by US Marshal  
M. A. [unclear]

United States Courts  
Southern District of Texas  
Southern Filed

NOV 28 2018

David J. Bradley, Clerk of Court

Southern District of Texas  
Galveston Division

U.S. District Clerk's Office

Attn: Lucia Smith, Deputy in Charge

U.S. Post Office Courthouse

601 Rosenberg St., Suite # 411

P.O. Box 2300

Galveston, Texas 77553-2300